CHAPTER 20

ILLUSTRATED FORMS

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Note: These Forms are contained in the Lotus 123 file, SDForms.wk4.

CLAIM

| A CLAIM, TO BE PROPERLY ITEMIZED, MUST SHOW, KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM, RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND, PER TON, ETC. 19 | On Account of Appropriation for | ToAddress | |
|--|--|---|------------------------------|
| Pursuant to the provisions and penalties of Chapter 155, Acts of 1953. I hereby certify that the foregoing is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid. | | ST SHOW, KIND OF SERVICE, WHERE PERFORMED, DATE: | S SERVICE RENDERED, BY WHOM, |
| Pursuant to the provisions and penalties of Chapter 155, Acts of 1953. I hereby certify that the foregoing is just and correct, that the amount claimed is legally due, after allowing all just credits and that no part of the same has been paid. | | ITEMIZED CLAIM | DOLLARS CTS. |
| (SIGNATURE OF CLAIMANT) | Pursuant to the provisions and pena I hereby certify that the foregoing is | Ities of Chapter 155, Acts of 1953. ust and correct, that the amount claimed is legally d | lue, after allowing all just |
| | | (SIGNATURE OF C | :I AIMANT) |

) (

TITLE

| CLAIM NO WARRANT NO | I have examined the within claim and hereby certify as follows: |
|-----------------------------|---|
| IN FAVOR OF | That it is in proper form. That it is duly authenticated as required by law. That it is based upon Contract Statutory Authority |
| \$ | That it is based upon |
| ON ACCOUNT OF APPROPRIATION | Signature Title |
| ALLOWED | I certify that the within bill is true and correct; that the supplies and materials therein itemized and for which charge was made were ordered by me and were necessary to the public business; that each and every item has been delivered to me and was in accordance with contract, except: |

Prescribed by State Board of Accounts

Town Form No. 39 (Rev. 1995)

ACOUNTS PAYABLE VOUCHER

| | | , INDIANA red must show: kind of service, where performed, dates service rendered, ls, rate per hour, number of units, price per unit, etc. | py |
|-----------------------------|-------------------|---|--------------------|
| | Payee | Purchase Order No. | |
| | | Terms | |
| | | Date Due | |
| Invoice Date | Invoice Number | Description (or note attached invoice(s) or bill(s)) | Amount |
| | | | |
| | | NP DI | |
| | | SAME | |
| | | | |
| | | ttached invoice(s), or bill(s), is (are) true and correct and that the maternate were ordered and received except | erials or services |
| | , 10 | Signature | Title |
| I hereby with IC 5-11-10 | | ed invoice(s), or bill(s), is (are) true and correct and I have audited same in | accordance |
| | , 19 | Olad Tar | |
| | | Clerk-Treasurer | |

| VOUCHER NO. — WARRANT NO. — | - = |
|---------------------------------|------------------|
| | ALLOWED— 19— |
| | IN THE SUM OF-\$ |
| \$ | |
| ON ACCOUNT OF APPROPRIATION FOR | |
| | |
| | Council Member |
| | |

COST DISTRIBUTION LEDGER CLASSIFICATION IF CLAIM PAID MOTOR VEHICLE HIGHWAY FUND

| Acct. | A | A |
|-------|---------------|--------|
| No. | Account Title | Amount |
| | | |
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| | A | |
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General Form No. 362 (Rev. 1987)

| | REPOI | RT OF (| COLLECTI | ONS | | | | | |
|--|-----------|---------|------------------------|----------|--------------------|-------|----------------------|--------------------|-----|
| To(Title of Officer) | | | | | | | | | |
| (Governmental Unit) | | | | | | (Co | ounty) | , Indiana | а |
| Collections for Period | , 19 | | , 19 | _ | | | | | |
| Description | | | Fund to be Credited | | Collect This Pe | | Prior Collections | Year to Collect | |
| | | | | | | | | | |
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| | | | | | | | | | |
| Total Amount Collected | | | | | | | | | |
| I hereby certify the above named governmental unit for the positions of the position of the po | | | s a true | and corr | rect rep | ort o | of collection | ns due | the |
| Dated this | day | of | | | , 19 | | - | | |
| NOTE This is not to be used as a receipt for colle The official to whom the report is made m an official receipt for the collections remitted | ust issue | | | | | | (Signature) | | |
| | | | | | | (| Title of Office | er) | |

General Payroll Form No. 99 (Rev. 1993)

| Prescr | bed by State Board of Accounts | | | | | | | | | | | | | | | | | | | | | | | | General Pa | ayroli Form No. 9 | 99 (Rev. 1993) |
|--------|--------------------------------|--------------------------------------|-------------|-------------|--------|---------------|-------------------|--------|-------------|------------------|--------------------------------------|-------------------|--|---------------|---------------------------|---------------------------|-----------------|---------------------|----------------------|------|-------|---------------------|------|--------|------------|--|-------------------|
| | | | | | | | | | | | PAY | ROLL | SCHEDU | JLE AND | vouc | HER | | | | | | | | | | | |
| For P | eriod Beginning | | | rd, Departr | | • | - , 1 | 19 | | | | to which | ours or days to h an employee governing bod urly) not entitle | might be enti | tled by law Lost" colu | and unde | r the leave p | olicies est | ablished | е | | | | Page _ | | _ of | Pages Fund |
| | | | Т | - | | DAYS OF | R HOURS I | N PERI | OD | | | | | | | - | | | DEDUCT | IONS | | | | | | | |
| | | | 1 | | | | | | | Other | Total | | | | | | | | | | rance | Retirer | ment | | | | |
| | NAME OF EMPLOYEE | Appro No. or Class Title | C o d | | Worked | Sick Leave | Vacation Leave | | C o d | Leave Days Hours | Days or Hours To Be Paid | Rate of Pay | Gross Pay | Total | Fed. W/H Tax | Social Security Tax | Medicare Tax | State W/H Tax | County W/H Tax | d | | C o d e Am | ount | | | Amount of Warrant (Gross Pay) Less Deductions) | Warrant Number |
| 1. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 15. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 16. | | | | | | | | | | | | | | | | | | | | | | | | | | | |

CODES FOR OTHER LEAVE, INSURANCE AND RETIREMENT

Totals

A "Code" column has been provided to describe other leave and insurance and retirement plans. Use appropriate letters or numbers to distinguish each kind or type.

REGULAR TIME AND OVERTIME

Two lines have been provided for each employee to show regular time hours and overtime hours worked and the amount each employee earned for regular time and overtime.

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| Official |
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Prescribed by State Board of Accounts

City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S, CITY CONTROLLER'S AND CITY TREASURER'S MONTHLY FINANCIAL STATEMENT

| City or Town of | | | Mon | th of _ | | | | | _ 19_ | | | | | | | | | | | | | | | | | | |
|--|-----------------------------|--------|-------------------------------|----------|-------------------------------|--------------|-------------------------|--------------------------|---------------------|-----------------|------------------|------|------------------------|-------|---------------|----------|-------------------|-------------|----------|----------|------|----------------------|--------------|---------------------|------------------|---------------|----------|
| FUNDS | BALA RE | ANC | IAN. 1 E AND PTS ATE | RE | CEIP ⁻ MON 2 | | | OTA LANG RECE 3 | CE | | BURS DAT 4 | | DISB FOR | | | DISBL | JRS | TAL SEMI | ENTS | E | ND | JRER'S ING NCE | | NTR(END BALA | ING NCE | | |
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City or Town Form No. 206 (Rev. 1975) General Form No. 360 (Rev. 1975)

CLERK-TREASURER'S OR CITY TREASURER'S DEPOSITORY STATEMENT AND CASH RECONCILEMENT

| City or Town of | | | ı | Month | of | | | | | 19_ | _ | | |
|--|---|--------|----------|------------------|-----|---|----|-----------------|--------|-------------|----------|---|--|
| NAMES OF DEPOSITORIES AND DEPOSITORY ACCOUNTS | В | ALA | MC MC | ORY E ONTH | OUT | | AN | DEF B | | SITO | | | |
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| TOTALS | | П | П | | | | | | П | \Box | | | |
| INVESTMENTS MADE FROM DEPOSITORY BALANCES | | | | | | | | | П | П | | | |
| ADD: Cash in Office | | | | | | | | | | Π | | | |
| ADJUSTMENTS (explain fully) | | | | | | | | | | П | | | |
| TOTAL CASH BALANCE, Plus Depository Balances Invested | | | | | | | | | Ш | \square | | | |
| | | | | | | | | | | | | | |
| INVESTMENTS FROM FUND LEDGER FUNDS (As Shown in Register of Investments) | | | | | | | | c | on H | men land | i | | |
| Total of Investments All Funds (As Shown in Cal. 7, appealts page) | | | | | | | | En | u of | Mor | ıın | - | |
| Total of Investments - All Funds (As Shown in Col. 7, opposite page) | | | | | | | | $\vdash \vdash$ | + | ++- | \vdash | - | |
| TOTAL CASH BALANCE AND INVESTMENTS | | | | | | | | \vdash | # | 44 | <u> </u> | - | |
| I TOTAL CASH DALANCE AND INVESTMENTS | | | | | | | | \vdash | # | # | _ | - | |
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City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

TREASURERS DAILY BALANCE OF CASH,

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|-----|---|--------------|----------|---------|----------|----------|-----------|--------|-------|--------|----------|-------------|--------|--------|---------|--------|-----------|---------------|
| | | Bala | | _ | | | Investme | | | | | II | estme | | | | | |
| | | From | | | ceipts | | Purchase | | Disbu | | | | ashe | | II . | alan | | |
| | | Previo | us Day | ∥ For ¯ | The Day | ∥ F | or The D | ay | For 7 | | Day | For | The | Day | Clos | / | | |
| | | | <u> </u> | | 2 | | 3 | | | 4 | | <u> </u> | 5 | | <u></u> | 6 | | |
| 1 | Ledger Balance - Cash Funds | | | | | | | | | | | | | | | 1 | Ш | _ |
| 2 | Investments From Ledger Funds | | | | | | | | | | | | | | | 1 | Ш | _ |
| | | | | | | | | | | | | | | | | | Ш | |
| 3 | Totals | | | | | | | | | | | | Ш | | | | Ш | |
| | | | | | Deposits | | | | War | rants | Issu | ied Du | | | | | | |
| | | | | | | | Investme | | | | | II | estme | | | | | |
| | | Depo | sitory | | | F | rom Dep | osi- | | | | Fror | n De | posi- | | posi | | |
| | | Bala | nces | ∥ Le | edger | to | ory Balan | ces | Le | edge | r | tory | Bala | nces | Ba | aland | ces | |
| | | Previo | us Day | F | unds | C | Cashed-C | ost | F | unds | ; | Purch | asec | l-Cost | Clos | se of | f Day | <i>y</i> |
| | NAMES OF DEPOSITORIES | | | | 2 | | 3 | | | 4 | | | 5 | | | 6 | | |
| 4A | | | | | | | | | | | | | ПП | | | | | |
| 4B | | | | | | | | | | | | | Ш | | | \Box | П | \neg |
| 4C | | | | | | A | | | | | | | Ш | | | \top | П | $\neg \vdash$ |
| 4D | | | 1. 6 | | | | | | | | | | | | | T | П | \top |
| 4E | | | | | | | | | | | | | | | | T | П | |
| 4F | | | | | | | | \top | | \top | | | \Box | | | \top | \Box | \neg |
| 4G | | | | | | | | | | \top | | | \Box | | | \top | \Box | \neg |
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| 41 | | | | | | | | | | | | | | | | \top | П | |
| 4J | | | | | | | | | | | | | | | | \top | П | \neg |
| 5 | Total Depository Balances | | | | | | | | | | | | | | | \top | Ш | \top |
| _ | • | Inves | tment | | | li | nvestme | nts | | | | | | | Inv | estn | nent | \neg |
| | | Bala | | | | ∥ F | Purchase | d- | | | | Inve | estme | ents | Ва | aland | ces | ll . |
| | | Previo | us Dav | | | | Cost | | | | | Cas | hed- | Cost | Clos | se of | f Day | , |
| | INVESTMENTS - (Listed by Funds as Shown in Investment Register) | | • | | | | 3 | | | | | | 5 | | | 6 | , | |
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| 6C | | | | | | | | | | | | | | | | # | Ш | \neg |
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| -6G | | | | | | | | | | | | | | | | +++ | \Box | + |
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| 61 | | | | | ++++ | + | | + | | + | \vdash | | +++ | | | + | + | + |
| -6J | | | +++ | | ++++ | \dashv | | | | + | \vdash | | +++ | + | | ++ | ++ | + |
| 7 | Depository Balances Invested | | +++ | | ++++ | + | | | | + | \vdash | | +++ | | | ++ | ++ | + |
| 8 | Total Investments | | +++ | | ++++ | + | | + | | ++ | \vdash | \vdash | +++ | + | | + | ++ | + |
| 9 | Totals - Depositories and Investments | | +++ | | ++++ | + | | + | | + | \vdash | \vdash | +++ | | | + | ++ | + |
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See preceding page for reverse side of this form.

City or Town Form No. 212 (Rev. 1975) General Form No. 361 (Rev. 1975)

DEPOSITORIES AND INVESTMENTS

| | DATE | | | 19 | |
|--|--------------------|--------|---------------|--------|----|
| | Colu | ımn 1 | Co | lumn 2 | |
| Cash on Hand Beginning of Day (Line 11, preceding page) | | | | | 1 |
| Add Receipts for the Day (Line 1, Col. 2, opposite page) | | | | | 2 |
| Add Investments From Depository Balances - Cashed - Cost (Line 5, Col. 3, opposite page) | | | | | 3 |
| Totals | | | | | 4 |
| Deduct Deposits During the Day (Line 5, Col. 2, plus Col. 3, opposite page) | | | | | 5 |
| Net Cash on Hand for which Accountable | | | | | 6 |
| Cash on Hand Close of Day (Per Cash Count): | | | | | 7 |
| Currency | | | | | 8 |
| Coins | | | | | 9 |
| Checks and Money Orders | | | | | 10 |
| Total Cash on Hand Close of Day | | | | | 11 |
| Deduct Advances for Cash Change Fund (If not included in Ledger Balances) | | | | | 12 |
| Net Cash on Hand (After Deducting Advances) | | | | | 13 |
| Add-Depository Balance - Close of Day (Line 5, Col. 6, opposite page) | | | | | 14 |
| Total Cash on Hand an in Depository | | | | | 15 |
| Add Cash Under | | | | | 16 |
| Deduct Cash Over | | | | | 17 |
| Total | | | | | 18 |
| Add Investments on Hand Close of Day (Line 8, Col. 6, opposite page) | | | | | 19 |
| Proof (Must equal Record Balance Close of Day, Line 3, Col. 6) | | | | | 20 |
| | | | | | 21 |
| INSTRUCTIONS: | | | | | 22 |
| (1) Lines 1, 2 and 3 reflect the transactions each day for the ledgers for all cash funds and all investments made from the | | | | | 23 |
| (2) Lines 4A through 4J will be used for the various depositories and will reflect the transactions each day for each depo | ository affected. | | | | 24 |
| (3) Lines 6A through 6a will reflect the transactions each day of investments for each fund affected. | | | | | 25 |
| (4) Line 7 will reflect the transactions each day of the investment made from the total of all monies on deposit, except fo | r investments | | | | 26 |
| made from fund balances under (3) above. | | | | | 27 |
| (5) Line 8 will reflect the Transactions of Investments by Funds and from the depository balances in total. | | | | | 28 |
| (6) Line 9 reflects the transactions in Totals-Depositories and Investments. | (4) 511 | | | | 29 |
| (7) Line 2, Col. 3, reflects Investments Purchased in amount of \$1000 from Ledger Balance-Cash Funds as a portion of | | s for | \rightarrow | | 31 |
| the day as shown on Line 1, Col. 4, and line 4A, Col. 4. On the same day investments are purchased from a fund it | snail reflect in- | | \rightarrow | | 32 |
| vestment Purchased-Cost, Line 6A, Col. 3 (See Sample). | | | \perp | | 33 |
| (8) When any investments re cashed belonging to a certain fund (example shown Water Bond and Interest Fund) the a shown on line 2, Col. 5, and Line 6B, Col. 5. The \$4000 is included in the \$30000 receipts for the day. | mount of \$4000 sh | all be | | | 34 |

(9) Under the Names of Depositories section, Line 4, for each depository affected, Cols. 3 and 5, will be used only when investments are purchased or cashed from the total of all funds deposited in a depository account. The totals shown on Line 5, Col. 3, shall appear

on Line 7, Col. 5, and the total shown on Line 5, Col. 5, shall appear on Line 7, Col. 3.

| PRESCRIBED BY STATE BOARD OF ACCOUNTS | | | GENERAL FORM NO. 98 (REV. 1967) |
|--|----------------------|---------------------------|---|
| | PURCHASE ORDER | | |
| NOTE: NO CLAIM WILL BE APPROVED | | | |
| FOR PAYMENT UNLESS ORIGINAL COPY | | | |
| OF THIS ORDER OR THE P.O. NUMBER IS | GOVERNMENTAL UNIT | | P.O. NO |
| MADE A PART OF THE CLAIM. | | | This no. must be shewn on invoice, claim |
| | ADDRESS | | and delivery memos. |
| то | ADDRESS | | DATE |
| | | | |
| ADDRESS | | | REQ |
| | | | |
| CITY | | | IN ACCORDANCE WITH BID AND |
| | | | CONTRACT DATED |
| SHIP TO | | | |
| SHIP VIA | | | If subject to discount please indicate on Invoice or Claim. |
| CHARGE TO | | | maiotio on mivoloc of olumn |
| APPROPRIATION FOR | | APPROPRIATION NUM | 1BER |
| QUANTITY UNIT | DESCRIPTION | UNIT PRICE | AMOUNT |
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| This order issued in compliance with CHAPT | ER 99. ACTS 1945 | | |
| and Acts amendatory thereof and supplemen | | JNT OF ORDER | \$ |
| I HEREBY CERTIFY THAT THERE IS AN UNOBLIGATED BA | ANCE IN THIS BILLING | ON THIS ORDER MUST BE ACC | CORDING TO PRICES SHOWN ABOVE |
| APPROPRIATION SUFFICIENT TO PAY FOR THE ABOVE OR | ER | ORDER BY | |
| | | | |
| | | | Title |
| | | | Title |
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| FEDERAL EXCISE TAX EXEI | | | |
| FEDERAL EXCISE TAX EXE | | | |
| FEDERAL EXCISE TAX EXE | | CERTIFICAT | ΓΕ NO |

| Prescribed by the State Board of Accounts | | General Payroll Form No. 99A (Rev. 1998) |
|---|---|--|
| | (Unit) | |
| EMPLOYEE | S'S SERVICE RECORD | YEAR |
| | | |
| REMARKS Workweek Begins: Hour of Day ; Day of Week | NAME AS ON SOCIAL SECURITY CARD (Mr., Mrs., Miss) | EMPLOYEE NUMBER |
| Basis of Pay: (Hr., Day, Week, Bi-Weekly, Month) | ADDRESS | ZIP CODE |
| | SOC. SEC. NO. | CLASSIFICATION |
| Date of Birth: | OFFICE, BOARD OR DEPT. | BEGIN. DATE EMPL. LEAVE ACCRUAL DATE |
| Normal Work Schedule * 1 / 2 / 3 / 4 / 5 / 6 / 7 / 8 / 9 / 10 / 11 / 12 / 13 | | SICK LEAVE OTHER LEAVE |
| 16 17 18 19 20 21 22 23 24 25 26 27 3 BALANCE BROUGHT FORWARD FROM LAST YEAR | 28 29 30 31 EARNED TAKEN BALANCE | EARNED TAKEN BALANCE TAKEN EXPLANATION |
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| DEC. V - VACATION LEAVE S - SICK LEAVE L - LOST TIME OL - OTHER AU | THORIZED LEAVE SHOW VACATION, SICK LEAV | |

^{*} EXCEPTIONS TO THE NORMAL WORK SCHEDULE SHALL BE NOTED AND ATTACHED TO THIS FORM.

| Prescribed by State B | loard of Accounts | | | | | | General Form No. 101 |
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| | the provisions and penalties of Chapter 15 of the same has been paid. | 55, Acts 1953, I hereby certify that the fo | regoing accour | t is just and corre | ect, that the amount claimed is legally | due, after allowing a | all just credits |
| Date | | | | | | | |

| Voucher No | Warrant No | I have examined the within That it is in proper forr | claim and hereby certify as follows: n. |
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| | IN FAVOR OF | That it is duly authention | cated as required by law. |
| | | That it is based upon s | statutory authority |
| | | That it is apparently | correct |
| | \$ | | Disbursing Officer |
| On Account of App | propriation No for | | |
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| Allowed | , 19 | | ertify that l and for w lblic busin ning ordin |
| | n the sum of \$ | | I certify that the within bill itemized and for which charge is to the public business; and that tor governing ordinances, except |
| | AMPLE | | bill is true ge is made hat the ratt |
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| | (Board or Commission) | | I certify that the within bill is true and correct; that the mileage itemized and for which charge is made was ordered by me and was to the public business; and that the rate per mile is in accordance wior governing ordinances, except |
| | FILED | | nileage the nd was nec |
| | | · | therein necessary with statutes |
| | (Official Title) | | |

Prescribed by State Board of Accounts

General Form No. 350
(Revised 1983)

REGISTER OF INVESTMENTS

| Name of Unit | Fund | J |
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| | | |

(USE SEPARATE SHEET(S) FOR EACH INVESTMENT FUND. LIST EACH SECURITY INDIVIDUALLY.)

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| Dat | | Nature of | Serial | SAFEKEEPI | NG RECEIPT | Maturity | Rate of | Maturity | | AMOUNT PA | AID . | Date Sold or | A | MOUNT RECE | Total | EAR | NED | REC | CEIVED |
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| FORM PRESCRIBED BY STATE BOARD OF AC | COUNTS | | | | | | GENERAL FO | RM NO. 352 (REV. 1997) |
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| | | | RECEIPT | Γ | | _ | | |
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ACCOUNTS PAYABLE VOUCHER REGISTER

| | | | Governmental Unit | | allowed. (2) | The I | Memorandum co | lumı n pa | n is for entering act art, if continued to a | of governing board should counts payable vouchers are tion on accounts payable later meeting of governing | |
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| | | | Agency | | | | | | | | |
| | For Period | | , 19 to | , 19 | | | | | Page | of Pages | |
| | Prescribed by | State Board o | r Accounts | | | | | | | General Form No. 364 (1997) | |
| | | | | OFFICE, | | | | | CHECK/ | | |
| | DATE | VOUCHER | | DEPARTMENT | AMOUNT O | _ | AMOUNT | | WARRANT | MEMORANDUM | |
| | | | NAME OF OLAIMANT | | AMOUNT O | | AMOUNT | | | MEMORANDUM | |
| | FILED | NUMBER | NAME OF CLAIMANT | OR FUND | VOUCHER | + | ALLOWED | | NUMBER | (See Note (2) Above) | |
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| ouchers not | allowed as | shown on the Register suc | ch vouchers are a | allowed in the to | otal a | amount of \$ | | | ageo, and except for | |
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| DATE ———— | DATE | READING | PRESCRIBED BY ST | | AMOUNT |
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| RECEIPT No. | | PRESENT | | WATER CHARGE | |
| METER No. | | PREVIOUS | | | |
| ACCOUNT No. | | CONSUMED | | | |
| | | • | SEWA | AGE DISPOSAL CHARGE | |
| | Received | Payment | A | RREARS SEWAGE | |
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| DUE 30TH OF MONTH IN | Ву | | S. | ALES TAX | |
| VHICH BILL IS RECEIVED. | | | A | RREARS WATER | |
| | | | DISC. OF | R COLLECTION CHARGE | |
| WATER UTILITY | | | | TOTAL | |
| 0% OF THE FIRST \$3.00 AND | | | 1 | 4 | |
| % OF THE BALANCE OF BILL | | | ~1 \\ | ^s | |
| VILL BE ADDED IF NOT PAID | | | | | |
| VHEN DUE. | NAME | | | | |
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| EWAGE PENALIT 10% OF BILL | | \sim | AMPLI | | |
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| • | Note: The sew | vane disnosal charne is | s not subject | | |
| 1 | Note: The sew | vage disposal charge is | s not subject | | |

ACCOUNTS RECEIVABLE CONTROL

When utility records are kept on a cash or single-entry basis, a separate control account should be carried on General Ledger Sheet, General Form No. 315, in the front of the Consumer's Ledger. This account will be debited with the total monthly billing to all customers for utility services including penalties and sales tax. This account will be credited with the total accounts receivable collections, penalties and sales tax shown by the Register of Daily Cash Receipts - Consumers.

Under normal conditions the individual active accounts of customers should at all times show debit balances and at the end of each month the individual active accounts should be added and the total so obtained checks against the balance of the control account. If any adjustments are necessary to be made either to the control or to the individual active accounts, proper explanation should be recorded in the records.

When any adjustment is made to a customer's account in order to correct an error in a previous charge or credit, a like entry should be made to the control account; debiting the control to increase the charge and crediting the control to decrease the charge in order to keep the total of the individual active accounts in agreement with the control.

After all efforts have been exhausted to effect collection of delinquent accounts, and after service has been discontinued and meter deposits applied, a list of uncollectible accounts should be submitted to the board for approval before being written off and transferred to an uncollectible accounts file. After approval has been made a matter of record the total of these accounts, including the sales tax thereon, will be credited to the control account.

The foregoing procedure for handling uncollectible accounts is not applicable to delinquent sewage accounts. The procedure for collecting delinquent sewage accounts will be found on Pages 51-88 to 51-91.

When utility records are kept on an accrual or double-entry basis the Accounts Receivable account in the General Ledger serves as a control of all individual accounts in the Consumer's Ledger and the foregoing procedure would not be applicable.

See next page for illustrated form. For disk version of manual, see Lotus 123 file, SDForms.wk4.

REGISTER OF DAILY CASH RECEIPTS - CONSUMERS

| CLASS A-B-0 Water-Munic | C-D pal Sewage Utility | | _ | DEF | PART | MEN | IT | | | | | | МС | DNT | H QE | F | | | | | | , 19_ | | | | PA | GE | _ | | | |
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GUARANTEE DEPOSIT REGISTER PAGE_ Prescribed by State Board of Accounts Form 314 DEPOSITS REFUNDS AMOUNT LOCATION APPLIED REFUNDED BALANCE Note: The "Guarantee Deposit Register" should be arranged alphabetically. This record should be reconciled monthly with the balance in the Meter Deposit Fund. Prescribed by State Board of Accounts Form No. 310 CONSUMER'S GUARANTEE DEPOSIT SUBJECT TO ALL RULES AND REGULATIONS NOW No. ____ WITH IN EFFECT OR HERE-AFTER ADOPTED MUNICIPAL WATER UTILITY OSGOOD, INDIANA RECEIVED OF **DOLLARS** TO BE HELD IN TRUST as a guarantee Deposit for payment of Water service. To be refunded on discontinuance of service if and when all bills are paid. KEEP THIS RECEIPT ___ MUNICIPAL WATER UTILITY ADDRESS COLLECTOR Note: The original receipt is issued to the consumer and the duplicate is retained in a bound book and serves as a medium of posting to the "Guarantee Deposit Register."

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WATER UTILITY SIMPLIFIED CASH JOURNAL

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WATER UTILITY SIMPLIFIED CASH JOURNAL

CASH OPERATING FUND DISBURSEMENTS OTHER DISBURSEMENTS

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General Form No. 369 (1995)

GENERAL FIXED ASSET ACCOUNT GROUP

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